

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>				SERIAL NO. <b>101069983</b>	FILING DATE
				APPLICANT(S)	
<b>CLAIMS</b>					
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		.
	IND.	DEP.	IND.	DEP.	
101					51
102					52
103					53
104					54
105					55
106					56
7					57
8					58
9					59
10					60
11					61
12					62
13					63
14					64
15					65
16					66
17					67
18					68
19					69
20					70
21					71
22					72
23					73
24					74
25					75
26					76
27					77
28					78
29					79
30					80
31					81
32					82
33					83
34					84
35					85
36					86
37					87
38					88
39					89
40					90
41					91
42					92
43					93
44					94
45					95
46					96
47					97
48					98
49					99
50					100
TOTAL	75	53	60	.	.
TOTAL CLAIMS	.	.	.	.	.
TOTAL IND.	.	.	.	.	.
TOTAL DEP.	.	.	.	.	.
TOTAL CLAIMS	.	.	.	.	.

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					SERIAL NO. 10709983	FILING DATE		
					APPLICANT(S)			
CLAIMS								
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1					51			
2					52			
3					53			
4					54			
5					55			
6					56			
7					57			
8					58			
9					59			
10					60			
11					61			
12					62			
13					63			
14					64			
15					65			
16					66			
17					67			
18					68			
19					69			
20					70			
21					71			
22					72			
23					73			
24					74			
25					75			
26					76			
27					77			
28					78			
29					79			
30					80			
31					81			
32					82			
33					83			
34					84			
35					85			
36					86			
37					87			
38					88			
39					89			
40					90			
41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TAL					TOTAL IND.			
					TOTAL DEP.			
TAL AMEND					TOTAL CLAIMS			

FD-1360 (2-73)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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